

**PLEASE READ CAREFULLY**

In making this application to the Arkansas Board of Examiners in Counseling for the issuance of a license, I agree to abide by the rules and regulations of the Arkansas Board of Examiners in Counseling and to take all examinations necessary to the processing of my application. Upon issuance of a license, I agree to be bound by the Code of Ethics of the American Counseling Association and/or American Association of Marriage & Family Therapy. I understand that I am bound by both codes if I hold both licenses. I further agree that the fee submitted with this application is non- refundable.

I agree to hold the Arkansas Board of Examiners in Counseling, its members, officers, agents, and examiners free from any damage or claim for damage or complaint by reason of any action they or any one of them take in connection with this application, the attendant examination, the grades with respect to any examination, and/or failure of the Board to issue me a license. I hereby grant permission to the Board to seek any information or references it deems fit in securing my credentials pertinent to this application.

I further agree that if issued a license, upon the revocation, suspension or cancellation of that license, I shall return the said license to the Board.

I have read Act 593, Act 244 amendment, and the Rules and Regulations of the Board and am familiar with the requirements of the Acts and with the Rules and Regulations of the Board.

The information which I have provided in this application is truthful. I understand that giving the Board false information of any kind may result in the voiding of this application and my failing to be granted licensure.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_  
(Application Packet valid for one year from this Date.)

Board Policy requires that each applicant attach a photograph taken within the last 12 months. Photograph must be attached Prior to Notary Signature.

Attach photograph here

### VERIFICATION OF APPLICATION

State of Arkansas

County of: \_\_\_\_\_

I, \_\_\_\_\_, Applicant for licensure, state upon oath that the statements contained in the above and foregoing application are true and correct to the best of my knowledge and belief.

Signature: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

Notary Public Signature: \_\_\_\_\_

My commission expires: \_\_\_\_\_

Seal: